

T-540B SD

2007**LOUISIANA
Nonresident**

or Fiscal Year Individual Income Tax Return

Begun 2007

Mail to: Department of Revenue

Ended 2008

PO BOX XXXX

BATON ROUGE LA

70821-XXXX

LEAVE THIS AREA BLANK

Attach W-2 here

- ☐ If your name has changed, mark here.
☐ If your address has changed, mark here.
☐ If this is an amended return, mark here.
☐ If this is for decedent, mark here.

SSNTPAYER SSNSPOUSE TELEPHONEX

TAXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SPOUSENAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

COLINEXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CITYSTZIPXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Filing status (Enter appropriate number in the filing status box.) ☐

- 1 Single
2 Married filing jointly
3 Married filing separately
4 Head of household *
5 Qualifying widow(er)

*Qualifying person's Name

Exemptions

- 6A Yourself ☒
65 or over
Blind
6B Spouse
65 or over
Blind

Total of 6A & 6B

6C Total dependents

6D Total exemptions

Dependent's Name(s): List on page 2.

Calendar year returns due 5/15/2008

Please do not staple use paperclip instead. Do not submit a photocopy.

TPSSN

LN14

LN32

HNR1

SPSSN

LN15

LN33

HNR2

DEVID

LN16

LN34

HNR3

TAXPD

LN17

LN35

GNR1D

FORMN

LN18

LN36

GNR1E

PTIN

LN19

LN37

GNR2A

LINE7

LN20

LN38

GNR2B

LN8

LN20A

LN39

GNR3A

LN9

LN20B

LN40

GNR3B

LN10A

LN21

CREDIT

G4

LN10B

LN22

REFUD

G5

LN10C

LN23

OWED

G6

LN10D

LN24

LN44

G7

LN10E

LN25

LN45

G8

LN10F

LN26

LN46

G9

LN10G

LN27

LN47

GNR10

LN11

LN28

LN48

LN12

LN29

LN49

LN13A

LN30

FNR1D

LN13B

LN31

F2

LN13C

F3

F4

F5

I declare that I have examined this return and to the best of my knowledge, it is true and complete. Declaration of paid preparer is based on all available information. I consent that my SSN may be given to the LA. Office of Student Financial Assistance in order to properly identify any START Savings Program Account Holder. If married filing joint, both SSN's may be submitted.

Date Taxpayer

Date Spouse

Date

Paid preparer

SSN

Telephone

6860

2007 Nonresident Schedules

Name(s) as shown on Form IT-540B If used, must be submitted.

Print your Social Security Number here.

6C. Dependents

First Name	Last Name	Social Security No.	Relationship	Birthdate (mm/dd/yyyy)

REFUNDABLE TAX CREDITS – SCHEDULE F-NR

1 Credit for Amounts Paid by Certain Military Servicemembers for Obtaining LA Hunting and Fishing Licenses

1A **Yourself** ☐ Date of Birth (MM/DD/YYYY) _____ Driver's License number _____ State of Issue _____
or State ID

1B **Spouse** ☐ Date of Birth (MM/DD/YYYY) _____ Driver's License number _____ State of Issue _____
or State ID

1C **Dependents: List dependent name(s).**

Dependent name _____	Date of Birth (MM/DD/YYYY) _____
Dependent name _____	Date of Birth (MM/DD/YYYY) _____
Dependent name _____	Date of Birth (MM/DD/YYYY) _____
Dependent name _____	Date of Birth (MM/DD/YYYY) _____

1D Print the total amount of fees paid for Louisiana hunting and fishing licenses purchased for the listed individuals _____

ADDITIONAL REFUNDABLE CREDITS – SCHEDULE F-NR

Credit Description	Code	Amount
2 _____	_____	2. _____
3 _____	_____	3. _____
4 _____	_____	4. _____
5 Total Refundable Tax Credit		5. _____

MODIFIED FEDERAL INCOME TAX INFORMATION – SCHEDULE H-NR

1 Amount of your federal income tax liability found on Federal Form 1040, Line 57.	1. _____
2 Print the amount of federal disaster credits allowed by IRS	2. _____
3 Add Lines 1 and 2.	3. _____



2007 Nonresident Schedules

Name(s) as shown on Form IT-540B If used, must be submitted.

Print your Social
Security Number here.

NONREFUNDABLE TAX CREDITS – SCHEDULE G-NR

1 Credit for certain disabilities

	Deaf	Loss of Limb	Mentally Incapacitated	Blind
1A Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1B Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1C Dependent*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*1C List Dependent name(s) here _____

1D Print the total number of qualifying individuals

1D. _____

1E Multiply Line 1D by \$100 and print the result

1E. _____

2 Credit for contributions to educational institutions

2A Print the value of computer or other technological equipment donated.

2A. _____

2B Multiply Line 2A by 40%

2B. _____

3 Credit for certain federal tax credits

3A Total federal credit

3A. _____

3B Multiply Line 3A by 10%

3B. _____

ADDITIONAL NONREFUNDABLE TAX CREDITS – SCHEDULE G-NR

	Credit Description	Code	Amount
4	_____	_____	4. _____
5	_____	_____	5. _____
6	_____	_____	6. _____
7	_____	_____	7. _____
8	_____	_____	8. _____
9	_____	_____	9. _____
10	Total Nonrefundable Tax Credits		10. _____



CREDIT CODES

DO NOT MAIL THIS PAGE (INFORMATION ONLY)

Schedule F-NR – Credit Codes

Description	Code
Inventory Tax .....	.50F
Ad Valorem Natural Gas .....	.51F
Ad Valorem Offshore Vessels .....	.52F
Sound Recording Investment .....	.53F
Telephone Company Property .....	.54F
Prison Industry Enhancement .....	.55F
Urban Revitalization .....	.56F

Schedule G– Credit Codes

Description	Code
Premium Tax .....	.100
Commercial Fishing .....	.105
Family Responsibility .....	.110
Small Town Doctor/Dentist .....	.115
Bone Marrow .....	.120
Law Enforcement Education .....	.125
First Time Drug Offenders .....	.130
Bulletproof Vest .....	.135
Nonviolent Offenders .....	.140
Qualified Playgrounds .....	.150
Debt Issuance .....	.155
Employee and Dependent Health Insurance .....	.165
Donations of Materials, Equipment, Advisors, Instructors .....	.175
Other .....	.199
Atchafalaya Trace .....	.200
Organ Donation .....	.202
Household Expense for Physically and Mentally Incapable Persons .....	.204
Vehicle Alternative Fuel .....	.206
Previously Unemployed .....	.208
Recycling Credit .....	.210

Schedule F-NR – Credit Codes

Description	Code
Mentor-Protégé .....	.57F
Milk Producers .....	.58F
Technology Commercialization .....	.59F
Historic Residential .....	.60F
Angel Investor .....	.61F
Broadway South .....	.62F
Quality Jobs .....	.63F
Other Refundable .....	.80F

Schedule G– Credit Codes

Description	Code
Basic Skills Training .....	.212
Brownfields Investor .....	.216
Dedicated Research .....	.220
New Jobs Credit .....	.224
Refunds by Utilities .....	.226
Eligible Re-entrants .....	.228
Neighborhood Assistance .....	.230
Cane River Heritage .....	.232
LA Comm. Economic Dev. ....	.234
Motion Picture Investment .....	.251
Research and Development .....	.252
Historic Structures .....	.253
LA Digital Interactive Media .....	.254
Motion Picture Resident .....	.256
Capital Company .....	.257
LCDFI .....	.258
New Markets .....	.259
Other .....	.299
Biomed/University Research .....	.300
Tax Equalization .....	.305
Manufacturing Establishments .....	.310
Enterprise Zone .....	.315
Other .....	.399

NONRESIDENT AND PART-YEAR RESIDENT (NPR) WORKSHEET			
<i>See instructions for completing the NPR worksheet beginning on page 10.</i>		Federal	Louisiana
1	Wages, salaries, tips, etc.		
2	Taxable interest		
3	Dividends		
4	Business income (or loss) and Farm income (or loss)		
5	Gains (or losses)		
6	IRA distributions, Pensions and Annuities.		
7	Rental real estate, royalties, partnerships, S corporations, trusts, etc.		
8	Social Security benefits		
9	Other income		
10	Total Income – Add the income amounts on Lines 1 – 9 for each column.		
11	Total Adjustments to Income		
12	Adjusted Gross Income – Subtract Line 11 from Line 10 for each column. Print the amount shown in the Federal column on IT-540B, Line 7.		
2007 Adjustments to Income			
	Additions		
13	Interest income and dividends from other states and their political subdivisions		
14	Recapture of START contributions		
15	Total – Add Lines 12, 13, and 14 and print the result.		
	Subtractions		
16	Interest and Dividends on U.S. Government Obligations		
17	Louisiana State Employees' Retirement Benefits – Date retired: _____		
18	Louisiana State Teachers' Retirement Benefits – Date retired: _____		
19	Federal Retirement Benefits – Date retired: _____		
20	Other Retirement Benefits – Date retired: _____ Provide name or statute: _____		
21	Annual Retirement Income Exemption for Taxpayers 65 or over – Provide name of pension or annuity: _____		
22	Taxable Amount of Social Security – See instructions, page 11.		
23	Native American Income – See instructions, page 11.		
24	START Savings Program Contribution – See instructions, page 11.		
25	Military Pay Exclusion – See instructions, page 11.		
26	Road Home – See instructions, page 11.		
27	Teacher Deduction – See instructions, page 12.		
28	Recreation Volunteer or Volunteer Firefighter – See instructions, page 12.		
29	IRC 280(C) Wage Expense Adjustment – See instructions, page 12.		
30	Other Exempt Income – See instructions, page 12. – Identify: _____		
31	Total Exempt Income. Add lines 16 through 30 and print here.		
32	LOUISIANA ADJUSTED GROSS INCOME. Subtract Line 31 from Line 15 and print here and on IT-540B, Line 8.		

